Approved for use through 7/31/2008, CMB 0651-0032 U.S. Paters and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a valid CMB control number. Substitute for Form PTO-675 Application or Docket Number Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR FOR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE RATE () (3) CFR 1 16(0) [b] @ [c]] FEE (1) NA RATE (1) N/A SEARCH FEE FEE (8) N/A 150.00 (37 CFR 1 10(4), (1), or (my) N/A 300.00 N/A EXAMINATION FEE NA \$250 NIA (37 CFR 1 16(0), (p), or (q)) 14A \$500 N/A TOTAL CLAIMS N/A \$100 (37 OFR 1 16(1) NA \$200 minus 20 e INDEPENDENT CLAIMS X\$ 25 X\$50 (37 OFR 1 16(h)) OR minus 3 X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 CFR 1 16(1)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16()) +180= +360= • If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS SMALL ENTITY OR HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT AFTER RATE (5) PREVIOUSLY EXTRA ADDI-AMENDMENT RATE (\$) Total (ITCFR 1.16/III PAID FOR TIONAL ū ADOL. TIONAL Minus FEE (\$) FEE (\$) X\$ 25 Independent (SICER LIGHT X\$\$0 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160) +180= +360= OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT AMENDMENT AFTER RATE (S) PREVIOUSLY ADDI-AMENDMENT **EXTRA** RATE (\$). Total press 1.16(ii) PAID FOR ADOI-TIONAL TIONAL Minus FEE (S) FEE (1) Independent Of CFR 1.14(h)). X\$ 25 . Minus X\$50 OR X100. Application Size Fee (37 CFR 1.16(s)) X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL . If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ADD'L FEE TOTAL OR In the energy in country 1 is less than the energy in country 2, while of it conditions.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADO'L FEE

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the iPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, suding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Tredement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS, SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.